

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9395

FILED APR 6 1954

(State File No.)
Registrar's No. 96

BIRTH NO.		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 96			
1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion					
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. LENGTH OF STAY (in this place) 14 years		c. CITY OR TOWN Hannibal		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital				e. STREET ADDRESS (If rural, give location) 909 Fulton					
3. NAME OF DECEASED (Type or Print) a. (First) Josephine b. (Middle) Cole c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) March 30, 1954						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 18, 1868			
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months 10 Days 12		IF UNDER 24 HRS. Hours 12 Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) xx			10b. KIND OF BUSINESS OR INDUSTRY xx			11. BIRTHPLACE (City and State or Foreign Country) Pike County Illinois			
12. CITIZEN OF WHAT COUNTRY? U S A			13a. FATHER'S NAME William Kirlen		13b. MOTHER'S MAIDEN NAME Elizabeth Cole		14. NAME OF HUSBAND OR WIFE John Henry Cole (deceased)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. W.O. Ruch, Hannibal Missouri				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis (cerebral) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 72-90	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 4-15-1940 to 3-30-1954 , that I last saw the deceased alive on 2-30-1954 , and that death occurred at 12:15 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE Dr. H. A. Lester, M.D. (Degree or title)				23b. ADDRESS Hannibal Mo				23c. DATE SIGNED 3-31-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/1/54		24c. NAME OF CEMETERY OR CREMATORY Mount Olivet		24d. LOCATION (City, town, or county) (State) Hannibal Missouri			
DATE REC'D BY LOCAL REG. 4-1-54		REGISTRAR'S SIGNATURE Dr. E. M. Lucke		FEDERAL DIRECTOR'S SIGNATURE W. C. ...		ADDRESS Hannibal Missouri			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

APR 5 1934

RECEIVED

MARION CO. HEALTH DEPT,

DATE FILED APR 5 1934

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John S. Mad*.....

Licensed Embalmer No..... 41

P. O. Address.... Hannibal, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.